

UNITED STATES DISTRICT COURT  
FOR THE  
EASTERN DISTRICT OF PENNSYLVANIA

UNITED STATES OF AMERICA

Plaintiff

CIVIL NO. 02-CV-5324

vs.

HELEN L. DORSHEIMER  
MICHAEL R. DORSHEIMER

Defendants

**CERTIFICATE OF SERVICE**  
**PURSUANT TO Pa.R.C.P. 3129.2 (c) (2)**

Joseph A. Goldbeck, Jr., Esquire, Attorney for Plaintiff, hereby certifies that service on the Defendants of the Notice of Sheriff Sale was made by:

- ☐ Personal Service by the Sheriff's Office/competent adult (copy of return attached).
- ☒ Certified mail by Joseph A. Goldbeck, Jr. (original green Postal return receipt attached).
- ☐ Certified mail by Sheriff's Office.
- ☐ Ordinary mail by Joseph A. Goldbeck, Jr., Esquire to Attorney for Defendant(s) of record (proof of mailing attached).
- ☐ Acknowledgment of Sheriff's Sale by Attorney for Defendant(s) (proof of acknowledgment attached).
- ☐ Ordinary mail by Sheriff's Office to Attorney for Defendant(s) of record.

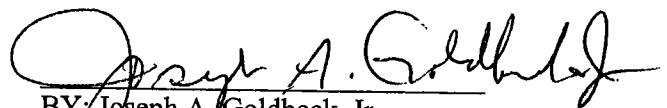
**IF SERVICE WAS ACCOMPLISHED BY COURT ORDER.**

- ☐ Premises was posted by Sheriff's Office/competent adult (copy of return attached).
- ☐ Certified Mail & ordinary mail by Sheriff's Office (copy of return attached).
- ☐ Certified Mail & ordinary mail by Joseph A. Goldbeck, Jr. (original receipt(s) for Certified Mail attached).

Pursuant to the Affidavit under Rule 3129 (copy attached), service on all lienholders (if any) has been made by ordinary mail by Joseph A. Goldbeck, Jr., Esquire (copies of proofs of mailing attached).

The undersigned understands that the statements herein are subject to the penalties provided by 18 P.S. Section 4904.

Respectfully submitted,

  
BY: Joseph A. Goldbeck, Jr.  
Attorney for Plaintiff

**TO:** DORSHEIMER, MICHAEL R. (property)  
**MICHAEL R. DORSHEIMER**  
 RR 2 BOX 247  
 ELVERSON, PA 19520

**SENDER:** GOLDBECK MCCAFFERTY & MCKEEVER  
 February 13, 2003

**REFERENCE:** DORSHEIMER, HELEN L. / USA-0197  
 03/12/03 Chester

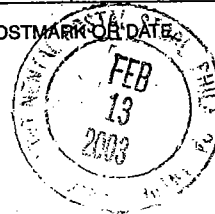
PS Form 3800, June 2000

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service  
**Receipt for  
 Certified Mail**

No Insurance Coverage Provided  
 Do Not Use for International Mail

POSTMARK OR DATE



7160 3901 7844 2551 5602

**TO:** DORSHEIMER, HELEN L. (property)  
**HELEN L. DORSHEIMER**  
 RR2 BOX 247  
 ELVERSON, PA 19520

**SENDER:** GOLDBECK MCCAFFERTY & MCKEEVER  
 February 13, 2003

**REFERENCE:** DORSHEIMER, HELEN L. / USA-0197  
 03/12/03 Chester

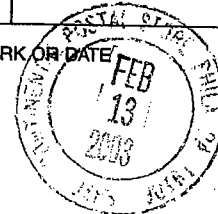
PS Form 3800, June 2000

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service  
**Receipt for  
 Certified Mail**

No Insurance Coverage Provided  
 Do Not Use for International Mail

POSTMARK OR DATE



**GOLDBECK MCCAFFERTY & MCKEEVER**

Suite 500 The Bourse Building  
111 S. Independence Mall East  
Philadelphia, Pennsylvania 19106

Check type of mail:  
☐ Express  
☐ Registered  
☐ Insured  
☐ COD  
☐ Return Receipt (RR) for Merchandise  
☐ Certified  
☐ Int'l Rec. Del.  
☐ Del. Confirmation (DC)

If Registered Mail:  
check below:  
☐ Insured  
☐ Not Insured  
Attach stamp here if issued  
as certificate of mailing,  
or for additional copies of  
this bill.  
Postmark and  
Date of Receipt

Line	Article Number	Addressee Name, Street, and PO Address	Postage	Fee	Handling Charge	Actual Value (If Reg.)	Insured Value	Due Sender if COD	RR Fee	DC Fee	SC Fee	SH Fee	SD Fee	RD Fee	Comments
1															
2															
3		PA DEPARTMENT OF PUBLIC WELFARE Bureau of Child Support Enforcement P.O. Box 2675 Harrisburg, PA 17105-2675													
4		DOMESTIC RELATIONS OF CHESTER COUNTY 117 West Gay Street PO Box 2748 West Chester, PA 19380													
5		OCCUPANTS/TENANTS RR #2 - Box 247 Elverson, PA 19520													
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
Total Number of Pieces Listed by Sender			Total Number of Pieces Received at Post Office			Postmaster, Per (Name of receiving employee)									


1792 U.S. POSTAGE  
9469 \$02.700  
6262 MAILED FROM ZIP CODE 19106  
PB2211913  
JAN 21 03

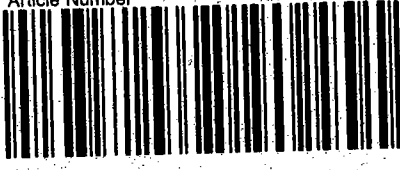
The full declaration of value is required on all domestic and international registered mail. The maximum indemnity payable for the reconstruction of nonnegotiable documents under Express Mail document reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for registered mail, sent with optional postal insurance. See Manual for limitations of coverage on international mail. Special handling charges apply only to Standard Mail (A) and Standard Mail (B) parcels.

Complete by Typewriter, Ink, or Ball Point Pen

*Doakerman*

*USA*

<p>2. Article Number</p>  <p>7160 3901 9844 2551 5664</p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Received by (Please Print Clearly)</p> <p>B. Date of Delivery 2/19/03</p> <p>C. Signature X <i>Helen Dorsheimer</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? If YES, enter delivery address below:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Service Type <b>CERTIFIED MAIL</b></p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>1. Article Addressed to:</p> <p>DORSHEIMER, MICHAEL R. #1  <b>MICHAEL R. DORSHEIMER</b>          2740 Main Street          Morgantown, PA 19543</p>	
<p>GOLDBECK MCCAFFERTY &amp; MCKEEVER          DORSHEIMER, HELEN L. / USA-0197 03/12/03 Chester</p> <p>PS Form 3811, July 2001 Domestic Return Receipt</p>	

<p>2. Article Number</p>  <p>7160 3901 9844 2551 5619</p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Received by (Please Print Clearly)</p> <p>B. Date of Delivery 2/19/03</p> <p>C. Signature X <i>Helen Dorsheimer</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? If YES, enter delivery address below:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Service Type <b>CERTIFIED MAIL</b></p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>1. Article Addressed to:</p> <p>DORSHEIMER, HELEN L. #1  <b>HELEN L. DORSHEIMER</b>          2740 Main Street          Morgantown, PA 19543</p>	
<p>GOLDBECK MCCAFFERTY &amp; MCKEEVER          DORSHEIMER, HELEN L. / USA-0197 03/12/03 Chester</p> <p>PS Form 3811, July 2001 Domestic Return Receipt</p>	

UNITED STATES DISTRICT COURT  
FOR THE  
EASTERN DISTRICT OF PENNSYLVANIA

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UNITED STATES OF AMERICA

Plaintiff

CIVIL NO. 02-CV-5324

vs.

HELEN L. DORSHEIMER  
MICHAEL R. DORSHEIMER

Defendants

**AFFIDAVIT PURSUANT TO RULE 3129**

THE UNITED STATES OF AMERICA, Plaintiff in the above action, by its attorney, Joseph A. Goldbeck, Jr., Esquire, sets forth as of the date the praecipe for the writ of execution was filed the following information concerning the real property located at:

RR #2 Box 247  
Elverson, PA 19520

1. Name and address of Owners or Reputed Owners:

HELEN L. DORSHEIMER  
210 Wilmington Road  
Coatesville, PA 19320

MICHAEL R. DORSHEIMER  
210 Wilmington Road  
Coatesville, PA 19320

2. Name and address of Defendants in the judgment:

HELEN L. DORSHEIMER  
210 Wilmington Road  
Coatesville, PA 19320

MICHAEL R. DORSHEIMER  
210 Wilmington Road  
Coatesville, PA 19320

3. Name and last known address of every judgment creditor whose judgment is a record lien on the property to be sold:

PA DEPARTMENT OF PUBLIC WELFARE  
Bureau of Child Support Enforcement  
Health and Welfare Bldg. - Room 432  
P.O. Box 2675  
Harrisburg, PA 17105-2675

DOMESTIC RELATIONS OF CHESTER COUNTY  
117 West Gay Street  
PO Box 2748  
West Chester, PA 19380

4. Name and address of the last recorded holder of every mortgage of record:

5. Name and address of every other person who has any record interest in or record lien on the property and whose interest may be affected by the sale:

6. Name and address of every other person of whom the plaintiff has knowledge who has any record interest in the property which may be affected by the sale.

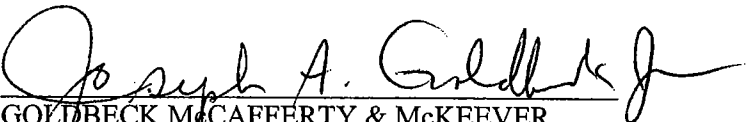
7. Name and address of every other person of whom the plaintiff has knowledge who has any interest in the property which may be affected by the sale.

OCCUPANTS/TENANTS  
RR #2 - Box 247  
Elverson, PA 19520

(attach separate sheet if more space is needed)

I verify that the statements made in this affidavit are true and correct to the best of my personal knowledge or information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

DATED: February 13, 2003

  
GOLDBECK McCAFFERTY & McKEEVER  
BY: Joseph A. Goldbeck, Jr., Esq.  
Attorney for Plaintiff

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

<b>PLAINTIFF</b> THE UNITED STATES OF AMERICA		<b>COURT CASE NUMBER</b> 02-CV-5324
<b>DEFENDANT</b> HELEN L. DORSHEIMER & MICHAEL R. DORSHEIMER		<b>TYPE OF PROCESS</b> NOTICE OF US MARSHAL SALE
<b>SERVE</b> ➔	<b>NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN</b> HELEN L. DORSHEIMER & MICHAEL R. DORSHEIMER	
	<b>ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)</b> RR #2 Box 247, ELVERSON, PA 19520	
<b>AT</b>		

<b>SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:</b>		<b>Number of process to be served with this Form - 285</b>
GOLDBECK McCafferty & McKEEVER Suite 500 The Bourse Building 111 S. Independence Mall East Philadelphia, Pennsylvania 19106		<b>Number of parties to be served in this case</b>
		<b>Check for service on U.S.A.</b>

**SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE** (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

PLEASE POST HANDBILL

<b>Signature of Attorney or other Originator requesting service on behalf of:</b> [Signature]	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	<b>TELEPHONE NUMBER</b> 215-627-1322	<b>DATE</b> 1-18-03
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	<b>Total Process</b> 1	<b>District of Origin</b> No. 66	<b>District to Serve</b> No. 66	<b>Signature of Authorized USMS Deputy or Clerk</b> [Signature]	<b>Date</b> 1-23-03
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

<b>Name and title of individual served (if not shown above)</b>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
<b>Address (complete only if different than shown above)</b>	<b>Date of Service</b> 1/30/03 <b>Time</b> 11:11 am
	<b>Signature of U.S. Marshal or Deputy</b> [Signature]

<b>Service Fee</b>	<b>Total Mileage Charges (including endeavors)</b> 31.68 (88 NM)	<b>Forwarding Fee</b>	<b>Total Charges</b>	<b>Advance Deposits</b>	<b>Amount owed to U.S. Marshal or</b> 31.68	<b>Amount of Refund</b>
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**REMARKS:**  
757 N. MANOR RD.

**NOTE**